216021744 100466			State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2														2		
2	Total Nu		Local No./ District 57  Agency Case No. B6-047207									HIT & RUN		INVESTIGATION MADE AT SCENE?					
A/1	of Vehic		J		(In				itary Time)	STATE US	YES		NO	1					
01	OF ACCIDENT		S M T W TH F S TIME OF 1002																
A/2	POLICE 1003																		
	PLACE OF ACCIDENT	COUNTY	Laribabt	er	N					NOTIF	IED		YES NO	05/29	05/29/2016				
В		CITY	Lincoln STREET/						PRIVATE PROPERT	LATITUDE	LATITUDE			1					
С	ROAD O ACCIDENT			o. S. CO1	LVD			ONE-WAY STREET?											
1	DISTANCE MILEPO		FEET	POST	HIGHWAY NO.				NO.		LONGITUE	E							
D		IF AT INTERSECTION  NAME OF INTERSECTING ROADWAY							IF NOT AT INTERSECTION					T DDIDOE	BRIDGE BAILBOAD CROSSING			_	
1	S. 48TH							EI	MILES N S E W OF NEAREST STRE						T, BRIDGE, RAILROAD CROSSING				
V1/M <b>01</b>	5. 4011	!	IF	ACCIDENT V	VAS OUTS	SIDE CIT	Y LIMI	ITS, INE	S, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M	MILES		N S E	W AND MILES				S E	w OF	NEAREST Y OR TOW	-							1	
08	R. work	R1	R2 R3 R4	S. PEDES	TDIAN	S1	S2	S3	S4 S5	-a S5-b	S6-a	a S6-b	DOES ACCID					1	
E .	ZONE CODES	ZONE CLASSIFICATION												F ROADS' PROPERTY?					
1							VEI	HICLE	IICLE NO. 1				YES			3 00 110			
F 1	DRIVER LICENSE		NO. H12900	0996									STATE (Of License)	NE	SI		FEMALE MALE	1	
1 V1/N	DRIVER				PHONE			(Of Election)	LOCAL NO	). ).	~	VIVIALE	1						
2	JAKE A	ESS				STATE, Z	IP						DATE OF	04/0-	7/4 0	0.7		V1/1	
V2/N <b>2</b>	2330 S	35TH	ST, LINCOL		BIRTH (MM / DD / YYY	01/07		87		18									
G G	JAKE A		EN		O.T.Y	OT4TE 7				PHONE								V1/2	
2	-		CITY, STATE, ZIP  INCOLN, NE										CITATION YES CITATION NO.  PENDING NO VI						
Н	LICENSE PLATE	CENSE PA NO. TMC957							YEAR (Plate Expires)						STA (Of P		NE		
5	VEHICLE		YEAR 2014	MAKE Toyota		MODEL CBA			BODY ST	or Sed	an	color white	E	STIMATED I				V1/4	
V1/O <b>1</b>	VEHICLE ID		BF1FK6EU			INSURANCE					1/1				V1/5				
V2/O	NO. (VIN) TOWED TO	1 711	TOWED BY									METROPOLITAN CASUALTY POLICY NO. 18							
1		1010001010														V1/6 <b>35</b>			
1	DRIVER	VEHICLE NO. 2  DRIVER NO. H13602657  NO. H13602657  NE SEX FEMALE (Of livense) NE SEX MALE														۳			
V1/P	DRIVER	/ER							PHONE					LOCAL NO		-^ <u>X</u>	MALE	1	
1	DRIVER ADDRI				CITY.	STATE, Z	IP.						DATE OF					V2/1 18	
V2/P			ARK #215, L			PHONE			BIRTH (MM / DD / YYYY	(YY) 06/24/1997 LOCAL NO.				V2/2					
1 J			N KLUVER																
01	OWNER ADDRI		NCOLN, NE				CITATION  PENDI	YES NG ○NO	CITATION LB51		9		V2/3						
V1/Q	LICENSE PLATE	PA	NO. TMN721					(PI	YEAR ate Expires)	2016		STA (Of P	TE late)	NE	V2/4				
4 V2/Q	VEHICLE	YEAR		Oldsmo		MODEL A/G			BODY ST		1	COLOR		STIMATED I	DAMAG	E .		V2/5	
4	VEHICLE ID	100			INS				INSURANC	NSURANCE COMPANY									
К	NO. (VIN) TOWED TO	16.	3NL12F43C320980									POLICY NO		AND (	AND CAS.				
03	Complete this section for all injured persons												M4394122	6	1   2   3   4			35	
			<b>plete this se</b> oplete a continuati										OF BIRTH DD / YYYY)	Seat Position	Eject		Injury	SEX M F	
VEH. #	NAME			AD	DRESS														
	OCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS																		
			In the second se					Im											
	LOCAL NO.		MEDICAL FACILITY	NAME				EMS SE	RVICE NAM	/IE				EMS RU	N REP	JKT NO.			
VEH. #	NAME		1	AD	DRESS			1									$\top$		
	LOCAL NO.   MEDICAL FACILITY NAME								EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.				

